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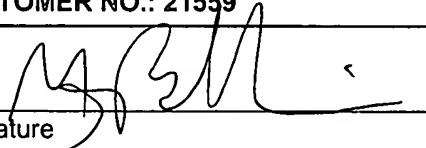
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**UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)**

Attorney Docket Number	50164/033002
Applicants	EDWARD ROYDON JOST-PRICE, BRADLEY B. BRASHER, TODD W. CHAPPELL, PALANIYANDI MANIVASAKAM, NOAH SACHS, BRENDAN SMITH, AND BENJAMIN A. AUSPITZ,
Title	COMBINATION THERAPY FOR THE TREATMENT OF IMMUNOINFLAMMATORY DISORDERS
<b>PRIORITY INFORMATION:</b>	
This application claims the benefit of U.S. Provisional Application Nos. 60/447,366, 60/447,412, 60/447,415, 60/447,553, and 60/447,648, each filed February 14, 2003, 60/464,753, filed April 23, 2003, and 60/503,026, filed on September 15, 2003, each of which is hereby incorporated by reference.	
<b>SMALL ENTITY STATUS:</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	1 page
Specification	119 pages
Claims	9 pages
Abstract	1 page
Drawings	0 sheets
Combined Declaration and Power of Attorney, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [ <b>**SERIAL NUMBER**</b> ] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Preliminary Amendment	0 pages
Information Disclosure Statement	0 pages
Form PTO 1449	0 pages

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Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Non-publication Request under 35 U.S.C. § 122(b).	0 pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages
A Small Entity Statement	0 pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$385	\$385.00
Excess Claims Fee: (61-20=41) x \$9	\$369.00
Excess Independent Claims Fee: (9-3=6) x \$43	\$258.00
Multiple Dependent Claims Fee: \$145	\$0.00
Total Fees:	\$1012.00
<input checked="" type="checkbox"/> Enclosed is a check for \$1012.00 to cover the total fees. <input type="checkbox"/> Charge [ <b>**AMOUNT**</b> ] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
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